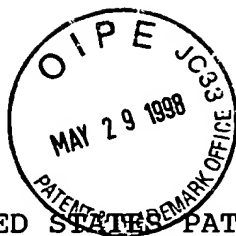


#6 Ex 1.11/Amclt + A
SMD 6-5-98

35.C11122



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YUJI SAKAEGI) Examiner: W. Garber
Appln. No.: 08/579,739) Group Art Unit: 2712
Filed: December 28, 1995)
For: COMPUTER PERIPHERAL)
APPARATUS WITH POWER)
SUPPLY CONTROL)
(As Amended)) May 26, 1998

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The Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT
AND
PETITION UNDER 37 C.F.R. § 1.136(a)

6/8/98
Sir:

Applicant petitions the Assistant Commissioner for Patents to extend the time for response to the Office Action dated January 23, 1998, one month, to May 26, 1998 (May 23, 1998 was a Saturday, and May 25, 1998 was a Federal holiday).

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on
May 26, 1998.

(Date of Deposit)

ABIGAIL F. COUSINS
(Name of Attorney for Applicant)

Abigail Cousins
Signature

May 26, 1998
Date of Signature

06/02/1998 CHDWB 00000053 08573779

01 FC:115

110.09.09

GP 2712 \$



In re Application of:

YUJI SAKAEGI

Application No.: 08/579,739

Filed: December 28, 1995

For: COMPUTER PERIPHERAL APPARATUS
WITH POWER SUPPLY
CONTROL (As Amended)

Docket No. 35.C11122

Examiner: W. Garber

Group Art Unit: 2712

Date: May 26, 1998

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 11	MINUS	** 20	= 0	x \$11 \$22	\$ 0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$41 \$82	0.00
Fee for Multiple Dependent claims \$135°/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our below listed address.

Abigail Cousins
Attorney for Applicant
Reg. No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO
277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982

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